

JAN-01-2005 SAT 10:48 PM

SUDOWSKI

FAX NO. 1804479444

P. 01/05

TRINITY CHIROPRACTIC LLC
1100 DIXWELL AVE. HAMDEN, CT 06517
TEL (203) 787-2000 FAX (203) 458-7780

June 03, 2008

Wambolt & Tolomeo, LLC

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for an initial examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

INJURY DESCRIPTION:

Mr. Thibodeau reported, Patient stated that he slipped and fell in front of a circuit city store due to a broken sidewalk. His right ankle gave out and landed on left wrist.

CURRENT COMPLAINTS:

An assessment of Mr. Thibodeau's current signs and symptoms was performed today. His first symptom is dull and throbbing temporal headaches.

Mr. Thibodeau's second stated symptom is sharp and spastic pain in the neck on the right side. It occurs between three fourths and all of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his third symptom is shooting, spastic, throbbing and pounding pain in the low back on the right side. It occurs between three fourths and all of the time he is awake, and causes *serious* diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, coughing, sneezing, straining, standing and by lifting.

His next symptom is throbbing pain in the mid back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his next symptom is aching, spastic and throbbing pain in the upper back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, standing and by lifting.

Another symptom is dull, aching and throbbing pain in the right ankle. It occurs between one half and three fourths of the time he is awake, and is tolerated but it does cause *some* diminution in his capacity to carry out daily activities. It is aggravated by standing and by walking.

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He also complained of numbing and tingling pain in the left wrist. It occurs between one half and three fourths of the time when he is awake, and causes *serious* diminution in his capacity to carry out daily activities.

HISTORY:

Mr. Thibodeau indicated that he had not experienced prior symptoms similar to his current complaints, and was symptom free at the time of the aforementioned accident/onset of May 3, 2008.

I have determined that Mr. Thibodeau's history has not contributed to his present condition.

ACTIVITIES OF DAILY LIVING ASSESSMENT:

Based on an assessment of Mr. Thibodeau's history, along with his subjective complaints, objective findings, and other test results, it is evident from a standpoint of medical certainty, that his current condition did result from the type of injury/onset described in this report. He reported suffering varying degrees of losses of functional capacity with the following activities:

With regard to *Self Care and Personal Hygiene*, Mr. Thibodeau stated: bathing, showering, putting on his shoes, tying his shoes and putting on his pants can be managed by himself, despite marked pain.

With regard to *Physical Activity*, Mr. Thibodeau stated: standing, walking, stooping, squatting, kneeling, bending forward, bending backward, bending to the left, bending to the right, twisting to the left and twisting to the right can be managed alone, despite marked pain.

Regarding *Sleeping*, he stated: his ability to sleep a normal, restful nights sleep is moderately restricted by his condition.

GENERAL PHYSICAL EXAMINATION:

Mr. Thibodeau is a right-handed 28 year-old mentally alert and cooperative male.

Date of Birth: December 18, 1979.

His superficial appearance suggested he was in distress.

Stature: Well developed.

Blood Pressure (Left Side): 120/78 mm Hg. On the left side, Mr. Thibodeau's blood pressure measurement was normal.

Blood Pressure (Right Side): 120/80 mm Hg. On the right side, Mr. Thibodeau's blood pressure measurement was normal.

Pulse Rate (resting): 69 beats per minute (normal).

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

RANGE OF MOTION STUDIES:

The following joint range of motion calculations and analyses were performed to determine Mr.

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Thibodeau's present condition with regard to joint motion.

<u>Cervical Spine:</u>	<u>Angle</u>	<u>Analysis</u>
Flexion	30 degrees	Norm is 50 degrees.

Pain and spasms were both present.

Extension	25 degrees	Norm is 60 degrees.
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This caused both pain and spasms.

Left Lateral Flexion	15 degrees	Norm is 45 degrees.
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This caused both pain and spasms.

Right Lateral Flexion	30 degrees	Norm is 45 degrees.
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Pain and spasms were both present.

Left Rotation	40 degrees	Norm is 80 degrees.
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This test brought on both pain and spasms.

Right Rotation	40 degrees	Norm is 80 degrees.
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Pain and spasms were both present.

<u>Lumbar Spine:</u>	<u>Angle</u>	<u>Analysis</u>
True Lumbar Flexion	40 degrees	Moderate restriction: norm is 60+

True Lumbar Extension	15 degrees	Moderate restriction: norm is 25 degrees.
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Left Lateral Flexion	10 degrees	Marked restriction: norm is 25 degrees.
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This test brought on both pain and spasms.

Right Lateral Flexion	20 degrees	Slight restriction: norm is 25 degrees.
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Pain and spasms were both present.

Extremities Range of Motion Measurements:

<u>Upper Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Wrist:</u>		

Flexion (Left)	20 degrees	Normal flex. is 60.
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Extension (Left)	30 degrees	Normal ext. is 60.
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Rad. Deviation (Left)	10 degrees	Norm is 20.
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Ulnar Deviation (Left)	10 degrees	Norm is 30.
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<u>Lower Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Ankle:</u>		

Plantar Flexion (Right)	15 degrees	Normal flexion is 21.
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Ext. (Dorsiflexion-R.)	7 degrees	Norm is 10.
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NEUROLOGICAL EVALUATION:

Pathologic Reflexes Tests:

Babinski Reflex was negative.

Posterior Column Disorders:

The Finger to Finger Test was negative. The Finger to Nose Test was negative. Romberg's Sign was not present.

Sensory Deficit Testing:

All upper extremity dermatomes tested were normal with no loss of sensibility, abnormal sensation, or pain noted.

All lower extremity dermatomes were found to be within normal limits with no loss of sensibility, abnormal sensation, or pain noted.

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The Jackson Compression Test was positive on the right side. The Maximum Cervical Compression Test was positive on the right side. The Shoulder Depression Test was positive on the right side. Valsalva Maneuver was positive on the right side.

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Sacroiliac Lesion Tests:

Yeoman's Test was positive on the right side.

Sciatic Nerve Lesion Tests:

Bragard's Sign was positive on the right side. **The Lasegue (Straight Leg Raise) Test** was positive on the right side. On this patient, moderate pain at was elicited at 45 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion.

Intervertebral Disc Syndromes:

Kemp's Test was positive on the right side. **The Sitting Root Test** was positive on the right side.

PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

Paraspinal Studies:

Palpation of the left suboccipital muscle group of the neck demonstrated moderate pain. The right suboccipital muscle group of the neck revealed severe pain. Palpating the left paracervical muscles revealed moderate pain. The right paracervical muscles demonstrated severe pain.

Palpation of the left upper thoracic group of the dorsum disclosed moderate pain. The right upper thoracic group of the dorsum revealed severe pain. Palpation of the left mid thoracic group disclosed moderate pain. The right mid thoracic group revealed severe pain. Palpation of the left thoracolumbar group disclosed moderate pain. The right thoracolumbar group revealed severe pain.

Palpating the left iliolumbar group of the low back disclosed moderate pain. The right iliolumbar group of the low back revealed severe pain.

Trigger Point Studies:

The left trapezius muscle group disclosed active trigger points. The right trapezius muscle group elicited active trigger points. The left rhomboid muscle group revealed tender trigger points. The right rhomboid muscle group disclosed active trigger points. Palpating the left mid scapular muscles revealed active trigger points. The right mid scapular muscles disclosed active trigger points.

FUTURE CARE PLAN:

Present Care Phase: Mr. Thibodeau is presently in a relief phase of care.

Future Treatment Plan: Mr. Thibodeau's future care plan includes ultrasound, moist heat therapy, physiotherapy, EMS (electrical muscle stimulation), massage therapy and spinal manipulation three times a week for four weeks.

Goals of Treatment Plan: Our goals for the above proposed treatment plan are decreasing pain, decreasing swelling and inflammation, decreasing spasms, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to his pre-clinical status, increasing function, stabilizing segments, correcting muscle imbalance, achieving maximum medical improvement, increasing flexibility and improving alignment.

Prognosis: Unknown at this time.

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FAX NO. 1804479444

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If my office can be of further assistance regarding Mr. Thibodeau please do not hesitate to contact me.

Sincerely,


MANAL MENA, D.C. IME

08/05/2008 14:22

1-203-777-8919

GENERAL PRACTITIONER

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TRINITY CHIROPRACTIC LLC
1100 DIXWELL AVE. HAMDEN, CT 06517
TEL (203) 787-2000 FAX (203) 458-7780

August 05, 2008

Wanbolt & Tolomeo, LLC

FINAL EXAMINATION

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008
Date of Discharge: July 31, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for a re-examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

GENERAL PHYSICAL EXAMINATION:

Mr. Thibodeau is a 28 year-old mentally alert and cooperative male.

His superficial appearance did not indicate any obvious distress. There was no apparent spine tilt with him standing upright.

Gait: His walk revealed no antalgic gait.

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

RANGE OF MOTION STUDIES:

Cervical Spine:

	<u>Angle</u>
Flexion	50 degrees
Extension	60 degrees
Left Lateral Flexion	45 degrees
Right Lateral Flexion	45 degrees
Left Rotation	80 degrees
Right Rotation	80 degrees

Lumbar Spine:

	<u>Angle</u>
Lumbar Flexion	70 degrees
Lumbar Extension	25 degrees
L. Straight Leg Raise	90 degrees
R. Straight Leg Raise	90 degrees
Left Lateral Flexion	25 degrees
Right Lateral Flexion	25 degrees

Extremities Range of Motion Measurements:

Upper Extremity:

	<u>Angle</u>
Wrist:	
Flexion (Left)	50 degrees

Analysis

No restriction: norm is 50 degrees.
No restriction: norm is 60 degrees.
No restriction: norm is 45 degrees.
No restriction: norm is 45 degrees.
No restriction: norm is 80 degrees.
No restriction: norm is 80 degrees.
No restriction: norm is 80 degrees.

Analysis

No restriction: norm is 60+
No restriction: norm is 25 degrees.
No restriction: norm is 25 degrees.
No restriction: norm is 25 degrees.
No restriction: norm is 25 degrees.

Analysis

Normal flex. is 60.

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Extension (Left)	50 degrees	Normal ext. is 60.
Rad. Deviation (Left)	15 degrees	Norm is 20.
Ulnar Deviation (Left)	30 degrees	Norm is 30.
<u>Lower Extremity:</u>	<u>Angle</u>	<u>Analysis</u>
<u>Ankle:</u>		
Plantar Flexion (Right)	20 degrees	Normal flexion is 21.
Ext. (Dorsiflexion-R.)	10 degrees	Norm is 10.

NEUROLOGICAL EVALUATION:

Pathologic Reflexes Tests:

Babinski Reflex was negative.

Posterior Column Disorders:

The Finger to Finger Test was negative. The Finger to Nose Test was negative. The Heel-Knee Test was negative. Romberg's Sign was not present.

ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:

The Cervical Distraction Test was negative. The Jackson Compression Test was negative. The Maximum Cervical Compression Test was negative. The Shoulder Depression Test was negative.

Sacroiliac Lesion Tests:

Yeoman's Test was negative.

Sciatic Nerve Lesion Tests:

Bragard's Sign was negative. The Lasegue (Straight Leg Raise) Test was negative, as both legs could be straight leg raised to 90 degrees without pain.

Intervertebral Disc Syndromes:

Keirap's Test was negative.

PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

Paraspinal Studies:

Palpation of the left suboccipital muscle group of the neck demonstrated slight pain and tenderness. The right suboccipital muscle group of the neck revealed slight pain and tenderness. Palpating the left paracervical muscles revealed slight pain and tenderness. The right paracervical muscles demonstrated slight pain and tenderness.

Palpation of the left upper thoracic group of the dorsum disclosed slight pain and tenderness. The right upper thoracic group of the dorsum revealed slight pain and tenderness. Palpation of the left mid thoracic group disclosed slight pain and tenderness. The right mid thoracic group revealed slight pain and tenderness. Palpation of the left thoracolumbar group disclosed slight pain and tenderness. The right thoracolumbar group revealed slight pain and tenderness.

Trigger Point Studies:

The left trapezius muscle group disclosed slight pain and tenderness. The right trapezius muscle group elicited slight pain and tenderness. The left rhomboid muscle group revealed slight pain and tenderness. The right rhomboid muscle group disclosed slight pain and tenderness. Palpating the left mid scapular muscles revealed slight pain and tenderness. The right mid scapular muscles disclosed slight pain and tenderness.

08/05/2008 14:22

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PROGNOSIS:

The patient's prognosis at this time is good but guarded.

CLOSING COMMENTS:

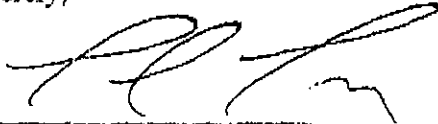
Mr. Thibodeau has been under my care for injuries resulting from a slip and fall. He has been coming for his treatments as recommended to do so. As noted above, his condition has improved as a result of our treatments.

The patient could therefore remain intermittently symptomatic for a prolonged period of time. May require periodical medical treatment on an as needed basis. And, it is my opinion as well as the opinion of many other experts/authorities, and studies done and documented on similar cases (available upon request). That the need for such additional treatment is casually related to the injuries sustained and probably would not be necessary had the accident/injury not occurred.

Although I have discharged this patient, he was advised to return to this office on an as needed basis should pain recur or aggravated.

If my office can be of further assistance regarding Mr. Thibodeau, please do not hesitate to contact me.

Sincerely,



M. A. NAL MENA, D.C. IME

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 01

TRIINITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME: Jeff

D.O.I. 5/3/08.

Progress Notes

DATE

S: Initial Exam

O:

A:

P:

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EMS ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/P/H/P ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned were rendered to me on the above date.

PATIENTS SIGNATURE -

DATE

S: pt presents today @ in vert. mid of low back. He states

@ ankle some @ @ wrist @ at the Thera region.

O: Status else etc. No spasm Neck. mid of LBP muscle

A: Unchanged.

P: Continue E-ta plan

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EMS ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/P/H/P ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned were rendered to me on the above date.

PATIENTS SIGNATURE -

DR. MANAL MENA, D.C.

10/29/2008 13:40

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GENERAL PRACTITIONER

PAGE 04

UNITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME:

Jeff

D.O.I.

5/3/08

Progress Notes

DATE

5/14/08
S: Pt returned today feeling better (P) in (R) neck. Overall
he feels the same.
C: ROM in C1-C6 & L1-L5.
Segmental dysfunction C2-C3 & C4-C5
A: Unchanged
P: Continue to plan.

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C1 2 3 4 5 6 7, T1 2 3 4 5 6 7 8 9 10 11 12, L1 2 3 4 5, S/SI
EAS MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned
were rendered to me on the above date.

PATIENTS SIGNATURE -

DATE

5/15/08
S: Pt reports (P) in his neck, difficulty turning when driving. Persistent
(P) between shoulder blades.
C: Limited ROM in C1-C6 & L1-L5 due to (P) & (S) stiffness.

A: Unchanged.
P: Continue to plan.
Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C1 2 3 4 5 6 7, T1 2 3 4 5 6 7 8 9 10 11 12, L1 2 3 4 5, S/SI
EAS MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE -

DR. MANAL MENA, D.C.

10/29/2008 13:40

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PAGE 03

UNITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME:

Jeff

D.O.B. 5/3/08

Progress Notes

DATE

5/20/08
S: pt presents today @ in neck & low back as well as
between shoulder blades
C: (+) otus cl. cl. ↓ AROM. cl. & l/s palpable tender @ hand.

A: slow progress

P: continue to plan.

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C1 2 3 4 5 6 7, T1 2 3 4 5 6 7 8 9 10 11 12, L1 2 3 4 5, S/SI
EAS MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
U: MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ IOTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE

DATE

5/22/08
S: pt reports some improvement from @ ankle started
to improve slightly (R)
C: ↓ AROM in c/s & l/s. Significant improvement C3-C4 T6-T7

A: slow progress

P: continue to plan.

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C1 2 3 4 5 6 7, T1 2 3 4 5 6 7 8 9 10 11 12, L1 2 3 4 5, S/SI
EAS MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
U: MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ IOTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE

DR. MANAL MENA, D.C.

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 02

TRINITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME: Jeff

D.O.I. 5/3/08

Progress Notes

DATE

5/28/08

S: Pt presents today stating P in the neck is & slightly sl
feeling overall improved.
O: Mx tightness c/s again R. & AROM in c/s & L/s due to
P & S gas.
A: Slow improvement.
P: Continue E & Tx plan.
Notes:

DR'S INITIALS

R

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EMS ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area
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were rendered to me on the above date.

PATIENTS SIGNATURE

Sharp

DATE

6/3/08

S: Pt reports feeling P in between shoulder blades today
& P is still the same. Neck continues to improve
O: Triaxial Noted (D) Rhomboid, Segmental dyof. C3-C4, L4-L5-T6-7;
A: Slow improvement.
P: Continue E & Tx plan.
Notes:

DR'S INITIALS

C

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EMS ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area
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were rendered to me on the above date.

PATIENTS SIGNATURE

DR. MANAL MENA, D.C.

10/29/2008 13:36

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GENERAL PRACTITIONER

PAGE 03

TRINITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME:

Jeff

D.O.I.

5/3/08

Progress Notes

DATE

S: pt returned today stating feeling better since last tx.
Mid back & bet shoulder blades still hurt

O: ↓ segmental mobility Mid Thoracic T8-T9 C4-C5 & L4.

A: slow progression

P: continue to tx plan.

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EM ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned were rendered to me on the above date.

PATIENTS SIGNATURE

DATE

S: pt returned to P in Mid back region that is constant.
Neck & low back P is improving.

O: ↓ segmental mobility C4-C5 T8-T9 & L5 L4.
MC spasm @ Rhomboid.

A: slow progression.

P: continue to tx plan

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EN ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☒ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ C/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE

DR. MANAL MENA, D.C.

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME:

D.O.I.

Progress Notes

DATE _____

S: Jeff Reports @ in the mid back $\text{L} > \text{R}$. Neck & LBP

C: procrustian narrow NP of C3-C4 & T8-T9 & L4 lum
P is less intense than prev. M's. Spasm (2) Rhomboid.

A: It is showing important

P: Continue \bar{e} for plan.

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/S!
E49 MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
U5 MIN C/S/T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
☐ C/P/H/P ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE -

DATE _____

S Jeff stated continued impact, showing concern about P
- and L. E. L. Writ + that P is under intense pressure both

0: Range of flexion limited by the ft. ↓ Mobility of T/S & L/S due to Ms tightness & Entubulation

A: it continues to improve

P Continue to plan

Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
EMG ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
UM ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ PH/P ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHER ☐ DIA MIN Area

I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned were rendered to me on the above date.

PATIENTS SIGNATURE -

DR. MANAL MENA, D.C.

10/29/2008 13:40

1-203-777-8919

GENERAL PRACTITIONER

PAGE 01

UNITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME: Jeff.

D.O.B.

Progress Notes

DATE 6/24/08
S: pt reports feeling P/in mid back region & R ankle today
C: Mx Span of region & mid back @ RP.
↓ Mobility of C2-C3 T8-T9 L4
A: progressing as expected.
P: continue to plan
Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
E/S MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
U/S MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE -

DATE 6/26/08
S: Jeff reports feeling better since last tx. reporting concerns about his R ankle & mid back P that seems constant.
C: palpable tenderness R ankle. ↓ Mobility of C2-C3 T8-T9 L4
A: pt continues to improve.
P: continue to plan.
Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
E/S MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
U/S MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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PATIENTS SIGNATURE -

DR. MANAL MENA, D.C.

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 04

TRINITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME: Jeff

D.O.I. 7-17-08

Progress Notes

DATE

7/1/08
S: Pt states his neck is stiff today, he had difficulty
w/ turning his head to the (D).
C: provocative maneuvers elicited (P) in Neck & L5 region
at C3-C4 & L3-L4 respectively.
A: pt continues to improve.
P: continue plan.
Notes:

DR'S INITIALS

Procedures Performed Today: ☒ CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
CMT MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned
were rendered to me on the above date.

PATIENTS SIGNATURE - [Signature]

DATE

7/3/08
S: pt states that he feels better since last tx. he complains
of (P) wrist & thumb (P) today.
C: palpable tenderness palmar aspect of (D) thumb. ↓ Mobility
at C3-C4, T8-T9, L3-L4.
A: progressing as expected.
P: continue to plan.
Notes:

DR'S INITIALS

Procedures Performed Today: ☒ CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☒ 3-4 ☐ 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
CMT MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area

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were rendered to me on the above date.

PATIENTS SIGNATURE - [Signature]

DR. MANUEL MENA, D.C. [Signature]

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 85

Date: 7/9/08

PROGRESS NOTES

Sub:

Neck pain

Int., Cons. Im, Mo, Sev. Left, Right side more. Left Arm, Forearm, Hand. Weakness, Numbness, Pain. Int, Con.
Right Arm, Forearm, Hand. Weakness, Numbness, Pain. Int, Con.

Headaches: Int., Constant Occip, Frontal, Left, Right Parietal, Temporal, Vertex, Int, Con. Dizziness, Nausea,

Middle back pain: Int., Cons. Im, Mo, Sev. Left, Right side more.

Low back pain:

Int., Cons. Im, Mo, Sev. Left, Right side more. Right Buttock, Thigh, Calf, Foot. Pain, Weak, Numb. Int, Con.
Left Buttock, Thigh, Calf, Foot. Pain, Weak, Numb. Int, Con.

ankle & discomfort

Obj:

Paracervical musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Parathoracic musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Paralumb. musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Ortho maneuvers:

Assessment: Unchanged, Improving, Worse due to flare up,

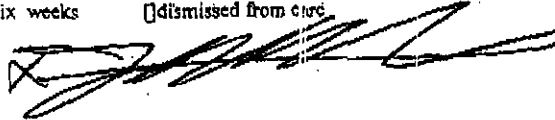
Tx:

Cerv, Thor, Lumb manipulation Cerv. man. traction Flex/distraction

Physical therapy; Electrical muscle stimulation Ultrasound Hot packs, Cold packs to the Cerv, Thor, Lumbar region.

Plan: Cont with tx. plan Decrease freq. to Once, Twice, Three x's per week For the next One, Two, Three, Four weeks

Placed on inactive treatment, return in Four, Six weeks Dismissed from care



Date: 7/27/08

PROGRESS NOTES

Sub:

Neck pain:

Int Cons Im Mo Sev Left Right side more. Left Arm, Forearm, Hand. Weakness, Numbness, Pain. Int, Con.
Right Arm, Forearm, Hand. Weakness, Numbness, Pain. Int, Con.

Headaches: Int., Constant Occip, Frontal, Left, Right Parietal, Temporal, Vertex, Int, Con. Dizziness, Nausea,

Middle back pain: Int., Cons. Im, Mo, Sev. Left, Right side more.

Low back pain:

Int Cons Im Mo Sev Left Right side more. Right Buttock, Thigh, Calf, Foot. Pain, Weak, Numb. Int, Con.
Left Buttock, Thigh, Calf, Foot. Pain, Weak, Numb. Int, Con.

ankle continues to hurt & mid back

Obj:

Paracervical musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Parathoracic musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Paralumb. musc. guarding Im, Mod, Sev. Left, Right side more. Seg. jt. dys.

Ortho maneuvers:

Assessment: Unchanged, Improving, Worse due to flare up,


Tx:

Cerv, Thor, Lumb manipulation Cerv. man. traction Flex/distraction

Physical therapy; Electrical muscle stimulation Ultrasound Hot packs, Cold packs to the Cerv, Thor, Lumbar region.

Plan: Cont with tx. plan Decrease freq. to Once, Twice, Three x's per week For the next One, Two, Three, Four weeks

Placed on inactive treatment, return in Four, Six weeks Dismissed from care



10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 06

PROGRESS NOTES

Date

7/22/08

Sub:

Neck pain:

☐int., ☒cons. ☐m, ☐mo, ☐sev. ☒left, ☐right side more. Left ☐arm, ☐forearm, ☐hand. ☐weakness, ☐numbness, ☐pain. ☐int, ☐con.

Right ☐arm, ☐forearm, ☐hand. ☐weakness, ☐numbness, ☐pain. ☐int, ☐con.

Headaches: ☐int, ☐constant ☐occip, ☐frontal, ☐left, ☐right ☐parietal, ☐temporal, ☐vertex, ☐int, ☐con. ☐dizziness, ☐nausea,

Midback pain: ☐int., ☒cons. ☐m, ☒mo, ☐sev. ☒left, ☐right side more.

Lowback pain:

☒int, ☐cons. ☐m, ☐mo, ☐sev. ☐left, ☒right side more. Right ☐buttock, ☐thigh, ☐calf, ☐foot. ☐pain, ☐weak, ☐numb. ☐int, ☐con.

Left ☐buttock, ☐thigh, ☐calf, ☐foot. ☐pain, ☐weak, ☐numb. ☐int, ☐con.

Rankle (P), mid back (P) is still off

Obj:

Paracervical musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Parathoracic musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Paralumbal musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Ortho maneuvers:

Assessment: ☐unchanged, ☒improving, ☐worse due to flare up,

Tx:

☐cerv, ☐thor, ☒lumb manipulation ☐cerv. man. traction, ☐flex/distraction

Physical therapy; ☒electrical muscle stimulation, ☒ultrasound ☐hot packs, ☐cold packs to the ☐cerv, ☐thor, ☐lumbal region.

Plan: ☐cont with tx. plan ☐decrease freq. to ☐once, ☐twice, ☐three x's per week

For the next ☐one, ☐two, ☐three, ☐four weeks

Placed on inactive treatment, return in ☐four, ☐six weeks ☐dismissed from care

X

PROGRESS NOTES

Date

7/23/08

Sub:

Neck pain:

☐int, ☒cons. ☐m, ☐mo, ☐sev. ☒left, ☐right side more. Left ☐arm, ☐forearm, ☐hand. ☐weakness, ☐numbness, ☐pain. ☐int, ☐con.

Right ☐arm, ☐forearm, ☐hand. ☐weakness, ☐numbness, ☐pain. ☐int, ☐con.

Headaches: ☐int., ☐constant ☐occip, ☐frontal, ☐left, ☐right ☐parietal, ☐temporal, ☐vertex, ☐int, ☐con. ☐dizziness, ☐nausea,

Midback pain: ☐int., ☒cons. ☐m, ☒mo, ☐sev. ☒left, ☐right side more.

Lowback pain:

☒int, ☐cons. ☐m, ☐mo, ☐sev. ☐left, ☒right side more. Right ☐buttock, ☐thigh, ☐calf, ☐foot. ☐pain, ☐weak, ☐numb. ☐int, ☐con.

Left ☐buttock, ☐thigh, ☐calf, ☐foot. ☐pain, ☐weak, ☐numb. ☐int, ☐con.

Obj:

Paracervical musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Parathoracic musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Paralumbal musc. guarding ☐m, ☒mod, ☐sev. ☐left, ☐right side more. ☒seg. jt. dys.

Ortho maneuvers:

Assessment: ☐unchanged, ☒improving, ☐worse due to flare up,

Tx:

☐cerv, ☐thor, ☒lumb manipulation ☐cerv. man. traction, ☐flex/distraction

Physical therapy; ☒electrical muscle stimulation, ☒ultrasound ☐hot packs, ☐cold packs to the ☐cerv, ☐thor, ☐lumbal region.

Plan: ☐cont with tx. plan ☐decrease freq. to ☐once, ☐twice, ☐three x's per week

For the next ☐one, ☐two, ☐three, ☐four weeks

Placed on inactive treatment, return in ☐four, ☐six weeks ☐dismissed from care

X

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONER

PAGE 07

TRINITY CHIROPRACTIC

1100 DIXWELL AVE.
HAMDEN, CT 06517
(203) 787-2000

NAME: Jeff

D.O.I. _____

Progress Notes

DATE

7/31/08
S: Discharge
O: Mid back (P) is on & off.
A:
P:
Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☐ 3-4 ☐ 4-5 REGIONS C1234567, T123456789101112, L12345, S/SI
EMS ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ ION ☐ DIA MIN Area
I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned were rendered to me on the above date.

PATIENT'S SIGNATURE

DATE

8/27/08
S: P returned today due to (P) in the mid back.
O:
A:
P:
Notes:

DR'S INITIALS

Procedures Performed Today: CMT ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Lower Extremities ☐ Upper Extremities
MANIPULATION ☐ 1-2 ☐ 3-4 ☐ 4-5 REGIONS C1234567, T123456789101112, L12345, S/SI
EMS ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
US ☐ MIN C/S T/S L/S R L SHOULDER R L ELBOW R L WRIST R L HIP R L KNEE R L ANKLE
☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ ION ☐ DIA MIN Area
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PATIENT'S SIGNATURE

DR. MANAL MENA, D.C.

2008 2 34 2006 (203)

08/05/2008 14:22 1-203-777-8919

GENERAL PRACTITIONER

PAGE 01

Dr. Manal Meria
1100 Dixwell Ave.
Hamden, CT 06517
(203) 787-2000

Statement

10/5/2008
Page 1 of 2

JEFFERY THIBODEAU
32 SYCAMORE WAY
WALLINGFORD, CT 06492

For Professional Services Rendered

Date	Service	Charge	Co-Pay	Ins Pay	Adjustment	Running Bal
05/09/2008	99202 Initial Evaluation w/exam	\$135.00	\$0.00	\$0.00	\$0.00	\$135.00
05/09/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$210.00
05/09/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$247.00
05/09/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$284.00
05/13/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$359.00
05/13/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$396.00
05/13/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$433.00
05/14/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$508.00
05/14/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$545.00
05/14/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$582.00
05/15/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$657.00
05/15/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$694.00
05/15/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$731.00
05/20/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$806.00
05/20/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$843.00
05/20/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$880.00
05/22/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$955.00
05/22/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$992.00
05/22/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,029.00
05/28/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,104.00
05/28/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,141.00
05/28/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,178.00
06/03/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,253.00
06/03/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,290.00
06/03/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,327.00
06/04/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,402.00
06/04/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,439.00
06/04/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,476.00
06/05/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,551.00
06/05/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,588.00
06/05/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,625.00
06/17/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,700.00
06/17/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,737.00
06/17/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,774.00
06/19/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,849.00
06/19/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,886.00
06/19/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,923.00

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GENERAL PRACTITIONER

PAGE 02

Dr. Manal Mena
1100 Dixwell Ave.
Hamden, CT 06517
(203) 787-2000

Statement

10/5/2008
Page 2 of 2

JEFFERY THIBODEAU
32 SYCAMORE WAY
WALLINGFORD, CT 06492

For Professional Services Rendered

Date	Service	Charge	Co-Pay	Ins Pay	Adjustment	Running Bal
06/24/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,998.00
06/24/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,035.00
06/24/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,072.00
06/26/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,147.00
06/26/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,184.00
06/26/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,221.00
07/01/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,296.00
07/01/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,333.00
07/01/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,370.00
07/03/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,445.00
07/03/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,482.00
07/03/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,519.00
07/09/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,594.00
07/09/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,631.00
07/09/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,668.00
07/22/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,743.00
07/22/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,780.00
07/22/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,817.00
07/23/2008	98941 Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,892.00
07/23/2008	97014 ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,929.00
07/23/2008	97035 Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,966.00
07/31/2008	99203 Initial Evaluation w/ History and Exam	\$210.00	\$0.00	\$0.00	\$0.00	\$3,176.00
Totals		\$3,176.00	\$0.00	\$0.00	\$0.00	\$3,176.00 ✓

Please Pay This Amount: **\$3,176.00**

JAN-01-2005 SAT 10:48 PM SUDOWSKI

FAX NO. 1804479444

P. 01/05

TRINITY CHIROPRACTIC LLC
1100 DIXWELL AVE. HAMDEN, CT 06517
TEL (203) 787-2000 FAX (203) 458-7780

June 03, 2008

Wambolt & Tolomeo, LLC

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for an initial examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

INJURY DESCRIPTION:

Mr. Thibodeau reported, Patient stated that he slipped and fell in front of a circuit city store due to a broken side walk. His right ankle gave out and landed on left wrist.

CURRENT COMPLAINTS:

An assessment of Mr. Thibodeau's current signs and symptoms was performed today. His first symptom is dull and throbbing temporal headaches.

Mr. Thibodeau's second stated symptom is sharp and spastic pain in the neck on the right side. It occurs between three fourths and all of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his third symptom is shooting, spastic, throbbing and pounding pain in the low back on the right side. It occurs between three fourths and all of the time he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, coughing, sneezing, straining, standing and by lifting.

His next symptom is throbbing pain in the mid back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his next symptom is aching, spastic and throbbing pain in the upper back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, standing and by lifting.

Another symptom is dull, aching and throbbing pain in the right ankle. It occurs between one half and three fourths of the time he is awake, and is tolerated but it does cause some diminution in his capacity to carry out daily activities. It is aggravated by standing and by walking.